

Organic Operator Agreement

BUSINESS NAME:		
BUSINESS INFORMATION (PLEASE CHECK APPROPRIATE BOX):		
☐ INDIVIDUAL (SOLE PROPRIETORSHIP)		
INDIVIDUAL "DOING BUSINESS AS:"		
EDUCATIONAL INSTITUTION		
GENERAL PARTNERSHIP. LIST NAMES OF THE OWNERS OR PARTNERS:		
LIMITED LIABILITY COMPANY (LLC)		
NAME OF REGISTERED AGENT:		
ADDRESS OF REGISTERED AGENT:		
PRIMARY PHONE NUMBER FOR REGISTERED AGENT: EMAIL ADD	RESS FOR REGISTERED AGENT:	
CORPORATION. PLEASE COMPLETE THE SECTION BELOW.		
PRESIDENT: VICE PRES	IDENT:	
SECRETARY: TREASURE	R:	
[Business Name]		
		on of it that may affect its
SIGNATURE OF AUTHORIZED REPRESENTATIVE:		on of it that may affect its
SIGNATURE OF AUTHORIZED REPRESENTATIVE:		·
SIGNATURE OF AUTHORIZED REPRESENTATIVE: PRINT NAME		·